



**OFA Level 1
Situation Practicals**

Look to **HeartSafe EMS** for:

WorkSafe BC Occupational First Aid Level 1, 2 and 3 Courses

Construction Safety Officer (CSO)

Safety courses such as: Fall Protection and Confined Space

Canadian Red Cross courses

- **Emergency First Aid**
- **Standard First Aid**
- **CPR and AED**
- **Marine Basic and Advanced First Aid**

First Aid Supplies

Automated External Defibrillators (AED)

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Contents

Minor Wound Situation Practicals	2
Priority Action Approach (first thing’s first).....	2
Minor Wound Situation Practical #1 - Subungual Hematoma.....	3
Minor Wound Situation Practical #2 - Ankle Sprain	4
Minor Wound Situation Practical #3 - Loose foreign body in eye	5
Minor Wound Situation Practical #4 - Arm laceration.....	6
Minor Wound Situation Practical #5 - Torn ear lobe	7
Minor Wound Situation Practical #6 - Infected wound	8
Minor Wound Situation Practical #7 - Nosebleed	9
Minor Wound Situation Practical #8 - Needle stick injury.....	10
Critical Situation Practicals	11
Critical Situation Practical #1 - Fall with C-Spine Control	11
Critical Situation Practical #2 - Obstructed Airway.....	13
Critical Situation Practical #3 - Cardiac Arrest (CPR) – No AED available	15
Critical Situation Practical #4 - Cardiac Arrest (CPR) – AED Available	17
Critical Situation Practical #5 - Internal Bleeding - Shock.....	19
Critical Situation Practical #6 - External Bleeding.....	21

Minor Wound Situation Practicals

Priority Action Approach (first thing's first)

Scene Assessment

- No further danger to yourself or patient
- What happened?
- How many people were hurt

Primary Survey

- Ensure ABCs
- Cervical spine control if patient is responsive and history indicates trauma

Critical Interventions

- May require an intervention such as providing CPR, clearing an airway or stopping bleeding

Transport Decision

- Activate the appropriate Worksite Emergency Response Procedures
- Does the patient require an ambulance?
- Can a company vehicle or taxi be used?
- Can the worker return to work?

An ambulance will be required if the patient is not responsive or is unwilling or unable to get up. In addition, patients who display any of the following signs or symptoms must be transported to medical aid by ambulance

- Airway or breathing problems
- Abnormal skin colour
- Anxiety, light-headedness, confusion or dizziness
- Worker cannot walk unassisted
- Worker is in great pain
- Injury has resulted in ongoing numbness or tingling in an extremity
- Sudden onset of severe pain in spinal area

Minor Wound Situation Practical #1 - Subungual Hematoma

Scenario:

Worker caught right index finger between two heavy free weights when restocking the weights in the storage rack about an hour ago, consequent subungual hematoma development.

Scene Assessment:

Safe (in first aid room). No other workers injured. Ask worker exactly what happened and if any other body part is sore.

Primary Survey:

Patient walking into first aid room. Alert and responsive with no obvious breathing difficulty. Skin looks normal warm and dry. Pain and swelling with obvious discolouration under nail in right index finger. Check for circulation or nerve impairment during RBS and compare injured finger to the other index finger for swelling / deformity.

Transport Decision:

RTW (if OFA Level 2 or 3 Attendant available at scene to release pressure under nail) otherwise arrange for transport to medical aid based on the Employer's established Worksite Emergency Response Procedures.

Treatment:

Put on gloves. Sit Patient down in first aid room chair and support right hand. Can put ice pack on finger and summon OFA 2 or 2 Attendant if available. If treatment completed on site give out the Worker Handout sheet and complete First Aid record. If referred to medical aid complete First Aid record to that point in time.

Complete any other required Employer paperwork. Notify workers' supervisor.

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Minor Wound Situation Practical #2 - Ankle Sprain

Scenario:

Worker was walking through works yard and ankle twisted after worker's foot slipped on some loose gravel.

Scene Assessment: Safe (in first aid room). Patient walking into first aid room with obvious limp (left foot/ankle).

Primary Survey:

Patient walking into first aid room with obvious limp. Alert and responsive with no obvious breathing difficulty. Skin looks normal warm and dry. Expose and examine left ankle area during RBS. Pain and swelling on lateral side of left ankle. Check for circulation or nerve impairment during RBS and compare injured ankle to the other index ankle for swelling / deformity.

Transport Decision:

may be able to RTW if support to ankle can be provided, the foot can fit back into the work boot and the worker is able to bear weight. If not referral to medical aid may be necessary. Attendant may need to ask worker's supervisor about alternate duties.

Treatment:

Put on gloves. Expose and examine and do Range of Motion to determine extent of injury. Apply ice and elevate ankle (above heart level). Apply tensor bandage for support and check distal circulation and nerve function after application of tensor. Give Worker Handout sheet and complete First Aid record. If necessary, summon OFA 2 or 3 Attendant for help with tensor application.

Complete any other required Employer paperwork. Notify workers' supervisor.

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Minor Wound Situation Practical #3 - Loose foreign body in eye

Scenario:

Worker was sweeping up on the loading dock at the municipal recreation centre when a gust of wind blew some dirt into the worker's right eye.

Scene Assessment: Safe (in first aid room). Worker walks into first aid room rubbing right eye and complaining of irritation in right eye. Some redness and tearing seen in right eye. Attendant needs to confirm mechanism of injury – worker confirms that it was just blown dirt (no high-speed penetration by a sharp object).

Primary Survey:

Patient walking into first aid room with obvious redness and tearing in right eye. Alert and responsive with no obvious breathing difficulty. Skin looks normal warm and dry.

Attendant to ask worker to stop rubbing eye and sit down in treatment chair.

Transport Decision: RTW (after treatment)

Treatment:

Put on gloves (powder free). Brush away any remaining dirt from eyebrow (worker to cover or keep eye closed). Ask if there are any vision issues at present – blurring etc. Using clean water or sterile saline have worker flush eye with eye cup (twice if necessary) and ask if there is any relief after flushing. If no relief have worker pull down upper lid (if object is not scratchy) and recheck for relief. Use penlight to examine eye – piece of dirt seen on the sclera (white of eye) – use moistened cotton tip applicator to remove (dab). Check for any vision issues after removal.

Complete First Aid record and any other required Employer paperwork. Notify workers' supervisor.

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Minor Wound Situation Practical #4 - Arm laceration

Scenario:

Worker was cutting metal banding on shipment of boxes and the cut metal band lacerated her right forearm (approx. 4 cm).

Scene Assessment: Safe (in first aid room). Worker walks in and indicates a small laceration on her right forearm (minimal bleeding / pain).

Primary Survey:

Patient walking into first aid room with obvious minor laceration on right forearm. Alert and responsive with no obvious breathing difficulty. Skin looks normal warm and dry. Minimal bleeding and no pain.

Have worker sit down in chair and support right arm. Give the worker sterile gauze to apply pressure herself to wound area. Put on gloves and examine right forearm and check distal circulation / nerve function. Ask worker about tetanus shot (last one was three years ago).

Transport Decision: RTW (after treatment)

Treatment:

Cover wound and clean around wound with mild soapy solution. Clean wound itself with sterile saline. Apply skin closures (enough to close up wound). Bandage with sterile dressing and bandage. Re-check distal circulation / nerve function. Worker handout sheet given.

Complete First Aid record and any other required Employer paperwork. Notify workers' supervisor.

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Minor Wound Situation Practical #5 - Torn ear lobe**Scenario:**

Worker was walking by shelving unit and tore right ear lobe on a broken shelf bracket.

Scene Assessment: Safe (in first aid room). Worker walks in and indicates an avulsion on her right earlobe (minimal pain but a fair amount of bleeding).

Primary Survey:

Patient walking into first aid room with obvious avulsion of right earlobe. Alert and responsive with no obvious breathing difficulty. Skin looks normal warm and dry. A fair amount of bleeding seen and minimal pain.

Confirm that the worker did not fall and have worker sit down in chair. Give the worker sterile gauze to apply pressure herself to wound area. Put on gloves and examine right earlobe (significant avulsion seen). Ask worker about tetanus shot (last one was three years ago).

Transport Decision: Refer to Medical Aid (sutures required).

Treatment:

Clean around wound if any significant contamination but keep direct pressure on wound. With sterile dressing in place bandage ear with cling/crinx gauze.

Complete First Aid record and any other required Employer paperwork. Notify workers' supervisor of referral to medical aid. Activate Worksite Emergency Response Procedures as required.

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Minor Wound Situation Practical #6 - Infected wound

Scenario:

Worker was treated for a small laceration to right palm five days ago, and was asked to return to the First Aid Attendant within 24 – 48 hours (as per the Worker Handout sheet) but did not.

Scene Assessment:

Safe (in first aid room). Worker walks in complaining of increased pain in right palm and that his right axilla (armpit) is tender. Indicates that he may feel a bit feverish as well. Skin dry and a bit flushed.

Primary Survey:

Alert and responsive with no obvious breathing difficulty. Skin looks a bit flushed and dry. Have Patient sit down in first aid room chair and support right hand. Put on gloves. On RBS Attendant sees original dressing on wound and that the area is swollen, tender, hot and there is pus seeping out from under the dressing. Right armpit is swollen and tender with the start of red streaks from the wound area up the arm.

Transport Decision: Refer to Medical Aid (infected wound).

Treatment:

Remove original dressing and clean wound and wound area and re-bandage. Support hand with a sling.

Complete First Aid record and any other required Employer paperwork. Notify workers' supervisor of referral to medical aid. Activate Worksite Emergency Response Procedures as required.

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Minor Wound Situation Practical #7 - Nosebleed

Scenario:

Worker walked into swinging door and banged her nose.

Scene Assessment:

Safe (in first aid room). Patient walks into first aid room holding their nose and you see a small amount of bleeding from the nose onto the patient's face. Ask what happened and confirm that they didn't fall or have any pain in their neck (no pain).

Primary Survey:

Alert and responsive with no obvious breathing difficulty. Skin looks normal, warm and dry. Have Patient sit down in first aid room chair and lean forward. Put on gloves. Examine area around the nose for signs or symptoms of a fracture (none found).

Transport Decision: RTW

Treatment:

With the Patient leaning forward, have them pinch their nose just below the hard part and hold until the bleeding stops. Apply ice pack (wrapped; on for 10 and off for 5 minutes) to bridge of nose. Ask Patient about medical history including previous nosebleeds, high blood pressure and if they are on any medication such as blood thinners or if they are a hemophiliac.

Continue pressure and ice until the bleeding stops. Re-examine the area. Clean up around Patient's nose.

Complete First Aid record and any other required Employer paperwork. Notify workers' supervisor.

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Minor Wound Situation Practical #8 - Needle stick injury

Scenario:

Worker was removing sharps container from wall (in washroom) at city hall. The container came apart and the worker was stuck with a syringe from the container in the right thumb.

Scene Assessment:

Worker walks into first aid room indicating a puncture wound on the right thumb. The worker has already asked a co-worker, with appropriate safety equipment, to clean up in the washroom.

Safe (in the first aid room). Worker left sharp that stuck him in the hand with the others in the washroom.

Primary Survey:

Alert and responsive with no obvious breathing difficulty. Skin looks a normal and is warm and dry. Have Patient sit down in first aid room chair and support right hand. Minimal bleeding and no pain. Worker is a bit worried though. No circulation or nerve impairment during RBS.

Transport Decision: Refer to Medical Aid (needle stick) within two hours.

Treatment:

Clean around puncture wound with mild soapy solution (or antibacterial). Milk wound to encourage bleeding and clean wound itself. Bandage with Band-Aid or similar dressing.

Complete First Aid record and any other required Employer paperwork. Notify workers' supervisor of referral to medical aid. Activate Worksite Emergency Response Procedures as required.

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Critical Situation Practicals

Critical Situation Practical #1 - Fall with C-Spine Control

Equipment required: Gloves, first aid kit, and blankets

Scenario:

Worker slipped and fell 2 metres from the ladder leading up to a water tank.

Environment:

Works yard on a clear and sunny 15-degree day. Lots of co-workers available in the yard.

Conduct the primary survey (supine, responsive patient):

1. Scene assessment (gloves on)

- Ensure no danger.
- What happened?
- How many injured?

No danger. One worker that fell off a 2-metre ladder.

2. Approach the patient from the front (approach from their feet if possible) with a first aid kit and blanket. Identify yourself and attempt to communicate with the patient. The patient says they fell off a ladder. This patient has a clear airway and is breathing (responding appropriately) and complaining of pain in his lower right leg. Tell Patient to lie still.

3. Activate the worksite emergency response procedures:

- Instruct the person calling the ambulance to say there is a responsive adult who has fallen and to report back. The patient is in great pain and is unable to get up.

4. Tell the patient not to move. With your elbows on the ground, stabilize their head and neck by placing your hands on either side of the head holding the head still in the position found

5. Hand off the C-spine control to a helper by giving clear directions

- The helper's elbows must be braced prior to placing hands on the head
- Direct the helper to place one hand over yours, hold the head still while you slide your hand out and repeat with the other hand
- Direct the helper not to move and to hold the head still in the position found

6. Primary survey

- Ensure the patient has a clear airway and is breathing by asking a question.
- Ask the patient where they are hurt

- Assess circulation
 - Look for obvious signs of shock by observing skin colour and feeling for temperature and condition
- Conduct a rapid body survey to check for massive external hemorrhage and obvious fractures. Patient is speaking and the breathing is quiet patient complains of pain in the right leg skin colour appears normal and is warm and dry to the touch.

RBS – significant pain and obvious deformity in lower right leg

NOTE: If the history indicates trauma to the chest, or pain, wounds or bleeding are discovered in the chest area during the RBS, the chest must be exposed and any chest wounds must be sealed or stabilized (no chest injuries in this scenario).

7. Direct a helper to support the leg to prevent movement, reassure and keep the patient warm. Relate that if there are no helpers available, the use of any readily available material to prevent movement of the injured leg is appropriate. Remind the patient to remain calm and to try not to move.
8. Reassess the ABC's every 5 minutes while waiting for the ambulance. Stay with the Patient until the Ambulance arrives.
9. When the Paramedics are on scene, pass on relevant Patient and mechanism of injury information.
10. Once the Patient has been turned over to the Paramedics, complete the first aid record and required Employer paperwork.

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Critical Situation Practical #2 - Obstructed Airway

Equipment required: Gloves, first aid kit, blankets, and AED

Scenario:

Worker was eating lunch in company lunchroom.

Environment:

- Company lunchroom
- Worker standing and clutching at their throat.
- No coughing and no breathing
- Face looks anxious.

1. Scene assessment:

- No danger
- One worker
- The patient was eating lunch

2. Identify yourself and communicate with the patient by asking, "are you choking?" to assess for signs of oxygen deficiency.

- This patient is unable to speak or cough and nods yes. They are pale and require urgent medical attention.

3. Activate the worksite emergency response procedures:

- Instruct the person calling the ambulance to say there is a responsive adult with a complete (severe) airway obstruction and to report back

4. Explain to the patient in a brief and calm manner what will be done (WARNING: abdominal thrusts and back blows must be simulated).

5. Standing behind and providing support to the patient, wrap your arms around the patient's waist, make a fist and place it thumb side against the abdomen in the midline just above the navel but below the xyphoid process.

Support the patient from behind in a manner that will permit you to lower, or depending on the size of the patient, move aside.

If the patient collapses describe the position of the xyphoid in relation to the breastbone.

6. Give up to 5 abdominal thrusts

- The airway does not clear

7. Maintain contact with the patient and move around to the side, while supporting the patient with an arm across the upper body deliver up to 5 back blows between the shoulder blades

- The airway does not clear.

8. Repeat the sequence of up to 5 abdominal thrusts and up to 5 back blows until the object clears or the patient collapses
 - The airway clears during the second set of abdominal thrusts
9. Request oxygen if available and complete the primary survey.
10. Determine the need for transport based on:
 - Patient anxiety
 - Primary survey findings
 - Signs of oxygen deficiency
 - Abdominal pain

This patient: No anxiety, ABCs all normal and no abdominal pain.

11. If the Paramedics are responding, pass on relevant patient and mechanism of injury information to the Paramedics when they arrive.
12. Once the Patient has been turned over to the Paramedics (if responding), complete the first aid record and required employer paperwork.

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Critical Situation Practical #3 - Cardiac Arrest (CPR) – No AED available

Equipment required: Gloves, first aid kit, blankets, and mannequin (or simulate compressions).

Scenario:

Worker was found slumped over their desk – unresponsive and no history of a fall.

Environment:

- Safe
 - Workers' office
 - Worker was found slumped over their desk.
1. Scene assessment:
 - No danger
 - One worker
 - Patient was found slumped over in a chair and was carefully positioned on floor by co-workers.
 2. Approach the patient from the front, identify yourself and attempt to communicate with the patient
 - Tap the patient gently on the shoulder
 - The patient does not respond
 - This patient requires urgent medical attention.
 3. Activate the worksite emergency response procedures:
 - Instruct the person calling the ambulance to say there is an unresponsive adult patient and to report back.
 4. Primary survey
 - From the side of the patient, open the airway using a head-tilt chin-lift
 - Assess breathing for 5 seconds - there is no breathing.
 5. Request any other OFA attendants or workers trained in CPR to assist.
 - Designate bystanders to go get the AED if one is available at the worksite and update the ambulance that the worker is in cardiac arrest
 - Ensure the patient is on a hard surface
 - An AED is not available (Relate that: CPR is initiated for all unresponsive patients who are not breathing or who are only breathing with occasional gasps).

6. Start CPR:
 - Expose the chest as necessary
 - Place hands in the centre of the chest, between the nipples and perform 30 chest compressions
 - Compress the chest at least 5.0 cm (2 inches) at a rate of at least 100 per minute
 - Push hard, push fast - allow the chest to recoil after each compression.
7. Using a pocket mask, ventilate the patient with 2 breaths air goes in 1 second per breath. Just enough to see the chest rise.
8. Repeat the sequence of 30 compressions and 2 ventilations until:
 - The AED arrives
 - A physician assumes responsibility
 - Patient is transferred to ambulance personnel
 - The attendant is physically exhausted and unable to continue
 - Spontaneous breathing and circulation are restored if possible, switch off with another trained rescuer every 2 minutes (an AED is not available on this worksite).
9. When the Paramedics are on scene, pass on relevant Patient and mechanism of injury information to the Paramedics when they arrive.
10. Once the Patient has been turned over to the Paramedics, complete the first aid record and required Employer paperwork.

NOTE: all patients who are in cardiac arrest must receive CPR unless there is clear evidence that death has occurred, for example, if there is decapitation, transection, decomposition, an adult patient who has been submerged in water for over 60 minutes or in certain triage situations.

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Critical Situation Practical #4 - Cardiac Arrest (CPR) – AED Available

Equipment required:

Gloves, first aid kit, blankets, mannequin (or simulate compressions), and AED.

Scenario:

Worker was found slumped over their desk – unresponsive and no history of a fall.

Environment:

- Safe.
 - Workers' office.
 - Worker was found slumped over their desk.
1. Scene assessment no danger one worker patient was found slumped over in a chair and was carefully positioned on floor by co-workers.
 2. Approach the patient from the front, identify yourself and attempt to communicate with the patient
 - Tap the patient gently on the shoulder.
 - The patient does not respond.
 - This patient requires urgent medical attention.
 3. Activate the worksite emergency response procedures:
 - Instruct the person calling the ambulance to say there is an unresponsive adult patient and to report back.
 4. Primary survey
 - From the side of the patient, open the airway using a head-tilt chin-lift
 - Assess breathing for 5 seconds there is no breathing.
 5. Request any other OFA attendants or workers trained in CPR to assist
 - Designate bystanders to go get the AED if one is available at the worksite and update the ambulance that the worker is in cardiac arrest
 - ensure the patient is on a hard-flat surface (Relate that: CPR is initiated for all unresponsive patients who are not breathing or who are only breathing with occasional gasps).
 6. Start CPR:
 - Expose the chest as necessary
 - Place hands in the centre of the chest, between the nipples and perform 30 chest compressions compress the chest at least 5.0 cm (2 inches) at a rate of at least 100 per minute
 - Push hard, push fast - allow the chest to recoil after each compression.

7. Using a pocket mask, ventilate the patient with 2 breaths air goes in 1 second per breath. Just enough to see the chest rise.
8. Repeat the sequence of 30 compressions and 2 ventilations until:
 - The AED arrives
 - Expose Patient's chest (remove clothing)
 - Shave (if necessary) and dry off area where the AED pads will be placed
 - Turn AED on and follow prompts
 - Continue CPR with sets of 30 compressions and 2 breaths
 - Continue (with a second Rescuer if available) until the patient is transferred to ambulance personnel
 - The attendant is physically exhausted and unable to continue
 - Spontaneous breathing and circulation are restored if possible, switch off with another trained rescuer every 2 minutes.
9. When the Paramedics are on scene, pass on relevant Patient and mechanism of injury information to the Paramedics when they arrive.
10. Once the Patient has been turned over to the Paramedics, complete the first aid record and required Employer paperwork.

NOTE: all patients who are in cardiac arrest must receive CPR unless there is clear evidence that death has occurred, for example, if there is decapitation, transection, decomposition, an adult patient who has been submerged in water for over 60 minutes or in certain triage situations.

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Critical Situation Practical #5 - Internal Bleeding - Shock

Equipment required: Gloves, first aid kit, and blankets

Scenario:

Worker was found sitting in parking lot after being knocked down by car backing out from a parking spot (low speed).

Environment:

Ensure that the scene is safe. Co-worker's, with traffic safety vests, to stop traffic around the Patient.

1. Scene assessment:
 - No danger
 - One worker knocked down by a vehicle backing out from parking spot.
2. Approach the patient, with a first aid kit and blanket, from the front (from their feet if possible). Identify yourself and attempt to communicate with the patient.
 - The patient responds with clear speech and is very anxious.
 - Complains of pain in the upper abdomen.
 - Skin looks pale
 - This patient requires urgent medical attention (mechanism + cool, pale skin)
3. Activate the worksite emergency response procedures:
 - Instruct the person calling the ambulance to say there is a conscious adult hit by a forklift who may be in shock and to report back
 - Put on gloves.
4. With C-spine control and a helper, lay the patient supine
 - Tell the patient not to move the head and explain what you are going to do
 - Kneel beside the patient with one forearm on the chest and one on the back, steady and support the head and neck
 - Direct a helper to support the patient's back and assist to lay the patient supine
 - Direct the helper to take c-spine control.
5. Assess the breathing
 - Breathing is shallow, but effective
6. Assess the skin:
 - Skin is cool, pale and clammy
 - The patient is irritable and anxious

7. Conduct a rapid body survey:
 - Expose the chest (using scissors in kit)
 - No major external bleeding or gross deformity
 - Patient complains of pain in right upper abdomen.
8. Cover patient with a blanket and reassure the patient – request oxygen if available.
9. Reassess the ABC's every 5 minutes.
10. When the Paramedics are on scene, pass on relevant Patient and mechanism of injury information to the Paramedics when they arrive.
11. Once the Patient has been turned over to the Paramedics, complete the first aid record and required employer paperwork.

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Critical Situation Practical #6 - External Bleeding

Equipment required: Gloves, first aid kit, and blankets

Scenario:

- Worker was cutting up branches, with a chain saw, at a municipal park (with a work crew).
- The chain saw slipped from a branch and cut the worker in the lower leg.
- Before the attendant arrives, the co-workers laid the Patient to the ground (no history of a fall).

Environment:

- Ensure that the chain saw is turned off and removed from immediate area.
- Remove any branches in the immediate area.

1. Scene assessment
 - No danger.
2. Approach the patient with a first aid kit and blanket, from the front (from their feet if possible). Identify yourself and attempt to communicate with the patient.
 - The patient responds with clear speech and is very anxious, complaining of pain in the lower leg.
 - A small amount of blood is seen on the lower right pantleg.
 - Tell the Patient to lie still.
3. Activate the worksite emergency response procedures:
 - Instruct the person calling the ambulance to say there is a conscious adult bleeding from a chainsaw cut.
 - Put on gloves.
4. Patient is talking clearly.
5. Assess the breathing
 - Breathing is shallow, but effective.
6. Assess the skin
 - Normal temperature
 - Normal colour
 - Dry
7. Conduct a rapid body survey • expose the lower right leg • apply direct pressure with dressing and co-worker to hold. Bandage wound with loop tie or pressure dressing.
8. Cover patient with a blanket and reassure the patient – request oxygen if available.

9. Reassess the ABC's every 5 minutes.
10. When the Paramedics are on scene, pass on relevant Patient and mechanism of injury information to the Paramedics when they arrive.
11. Once the Patient has been turned over to the Paramedics, complete the first aid record and required employer paperwork.

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